SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MRS. EVELYN C. ROBERTS

Mailing Address 27446 MOUNTAIN MEADOW ROAD

City	State	Zip Code
ESCONDIDO	CA	92026-7909

FEC ID number of contributing federal political committee.   C

Name of Employer	Occupation
SELF-EMPLOYED	RANCHER

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Receipt
05 / 12 / 2015
Transaction ID : 2015M06L11AI04558
Amount of Each Receipt this Period
50.00

Aggregate Year-to-Date ▼
250.00

B. Full Name (Last, First, Middle Initial)
MRS. EVELYN C. ROBERTS

Mailing Address 27446 MOUNTAIN MEADOW ROAD

City	State	Zip Code
ESCONDIDO	CA	92026-7909

FEC ID number of contributing federal political committee.   C

Name of Employer	Occupation
SELF-EMPLOYED	RANCHER

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Receipt
05 / 18 / 2015
Transaction ID : 2015M06L11AI04559
Amount of Each Receipt this Period
50.00

Aggregate Year-to-Date ▼
250.00

C. Full Name (Last, First, Middle Initial)
DR. LAURA L. ROBERTS

Mailing Address 4217 COOLIDGE STREET

City	State	Zip Code
MOUNT PLEASANT	SC	29466-7161

FEC ID number of contributing federal political committee.   C

Name of Employer	Occupation
MEDICAL UNIVERSITY OF SOUTHE CAROLIN	ANESTHESIOLOGIST

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Receipt
05 / 08 / 2015
Transaction ID : 2015M06L11AI04560
Amount of Each Receipt this Period
1000.00

Aggregate Year-to-Date ▼
1000.00

SUBTOTAL of Receipts This Page (optional)..►   1100.00

TOTAL This Period (last page this line number only)..►